



SERVICE HOURS LOG

*Earning Active Member designation requires a minimum of 10 total service hours with at least 2 hours from SNDA Event Participation. Please indicate accordingly.

Event	Date	Time In	Time Out	Type (shade correct box)	Authorized Signature (Officer, Chair, or Event Coordinator)
	___/___/___			<input type="checkbox"/> SNDA Event <input type="checkbox"/> Community	
	___/___/___			<input type="checkbox"/> SNDA Event <input type="checkbox"/> Community	
	___/___/___			<input type="checkbox"/> SNDA Event <input type="checkbox"/> Community	
	___/___/___			<input type="checkbox"/> SNDA Event <input type="checkbox"/> Community	
	___/___/___			<input type="checkbox"/> SNDA Event <input type="checkbox"/> Community	
	___/___/___			<input type="checkbox"/> SNDA Event <input type="checkbox"/> Community	
	___/___/___			<input type="checkbox"/> SNDA Event <input type="checkbox"/> Community	
	___/___/___			<input type="checkbox"/> SNDA Event <input type="checkbox"/> Community	

Member Name: _____ Member Signature: _____

Total SNDA Event Hours: _____ Total Community Hours: _____

(Internal Use Only) Date Submitted: ___/___/___ Received By: _____

To submit this form please give to an SNDA officer or make a scan/photo and email to unlvsnda@unlv.nevada.edu

By signing, I acknowledge that I have completed the stated service hours, and agree that I am not falsifying any information on my Service Hours Log. I know that do so will only hinder my abilities in the field of nutrition and dietetics in the near future.